

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

09cv4660

PLAINTIFF

COURT CASE NUMBER

09c4553, (09c4660)

DEFENDANT

TYPE OF PROCESS

Assist at

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Cook-Court Jail c/o Board Heart + Hate crime

(2600 California)

AT

Box 089002 Chicago IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

 [REDACTED]MT.
stirling

[REDACTED]

John ADKISSON

[REDACTED]

2500 South Route 99

[REDACTED]

62353

Number of process to be
served with this Form - 285Number of parties to be
served in this case

2

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

c/o Board Heart worked off #5 on Bridge and Hwy
 Cook-Court Process c/o Tedesco work Div#9
 in Cook-Court Jail

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of OriginDistrict
to Serve

Signature of Authorized USMS Deputy or Clerk

Date

2

No. 24

No. 24

RHW

11/5/09

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Ronan Fernando

FILED

 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

DEC 30 2009
Dec 30. 2009
MICHAEL W. DOWDING

Date of Service Time am

12-21-09 10:00 pm

Signature of U.S. Marshal or Deputy

Michael W. Dowding

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to U.S. Marshal or Clerk	Amount of Refund

REMARKS:

1 Endr 1 Dusm - 1 hour
 No record of c/o Board Heart

THIS IS ~~THE~~ ¹⁰⁻²⁷⁻⁰⁹ STATE

ADKISSON DO HULL
X-50585

2500 Route 99 South

My Mail is
Being Opened
After His
Departure

MT. STEPHENS IL, 62353

My understanding is incomplete in
who your looking for, now I got
This form for GTEDESCO Division #9
AND This form came back for G.
BoanHecht who worked in Sec Div 5
at The Bridge while we await
Bonne court c/o TEDESCO's form did
not come back like this one so
I'm to think its G. BoanHecht now
who is c/o Wilson c/o Bufford
Both c/o's BoanHecht & c/o TEDESCO
2700 S. California Ave Chicago IL 60608

United States District Court
Northern District of Illinois

ALIAS SUMMONS IN A CIVIL ACTION

Adkisson

vs.

Boanheart et al

CASE NUMBER: 09-cv-04558
JUDGE: John W. Darrah

TO: Boanheart

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon plaintiff:

Name John Adkisson
Address K-50585
 Western - WST
 2500 Route 99 South
City: Mt. Sterling, IL 62353

an answer to the complaint which is herewith served upon you, within [20] days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk

By: *ALEXANDER A. CASTANEDA*
Alexander A. Castaneda
Deputy Clerk

Dated: October 21, 2009

RETURN OF SERVICE						
Service of the Summons and Complaint was made by me: [^]	DATE					
NAME OF SERVER (Print)	TITLE					
<i>Check one box below to indicate appropriate method of service:</i>						
<p><input type="checkbox"/> Served personally upon the defendant. Place where served: _____</p> <p>_____</p>						
<p><input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____</p> <p>_____</p>						
<p><input type="checkbox"/> Returned unexecuted: _____</p> <p>_____</p>						
<p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p>_____</p>						
STATEMENT OF SERVICE FEES						
TRAVEL	SERVICES	TOTAL				
DECLARATION OF SERVER						
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">Date</td> <td style="width: 33%; text-align: center; padding: 5px;">Signature of Server</td> </tr> <tr> <td colspan="2" style="text-align: center; border-top: 1px solid black; padding: 5px;">Address of Server</td> </tr> </table>			Date	Signature of Server	Address of Server	
Date	Signature of Server					
Address of Server						

[^]As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

MHN

RECEIVED
7-28-2009
JUL 28 2009 aew

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

David Kissell John
(David Marshall witness)

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

09 C 4558

Judge John W. Darrah

Magistrate Geraldine Soat Brown

FILED

AUGUST 19, 2009

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

(To be supplied by the Clerk of this Court)

John Darrah 11-7 Shift
John Darrah C-County Sheriff
ID# Strong R C-C Board
President

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: JOHN AD KISSON
B. List all aliases: WIS HELWVA
C. Prisoner identification number: 20090015666
D. Place of present confinement: COOK COUNTY JAIL
E. Address: P.O. Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Boarl Henet
Title: COOlectiONAL OFFicer
Place of Employment: COOK COUNTY JAIL
- B. Defendant: Cook County Dept. Of Corrections Tom
Title: Cook County Sheriff Dart
Place of Employment: _____
- C. Defendant: Todd Stroger
Title: Cook County Board President
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: 11/12

B. Approximate date of filing lawsuit: 11/12

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: 11/12

D. List all defendants: 11/12

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): 11/12

F. Name of judge to whom case was assigned: 11/12

G. Basic claim made: 11/12

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): 11/12

I. Approximate date of disposition: 11/12

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I came to Cook County Jail For
3-10-09 Court as I await for
Court I was placed in a
Bull-Pen with other's who await
For Court. me Being a ~~Trans~~
~~Transsexual~~ this is a ~~hard~~
~~task~~ as it is, well another
Inmate said some ~~hateful~~ things
Based on my life style. and I
approached ~~Brook~~ before I knew
it C/O Brook knew was attacking
me but going to my understanding
was incomplete in why. so I
told him but I don't his act
was Based on Discrimination
by ~~Brook~~ being a hate crime. ~~Jeff~~ Diz-
ing my self Being exciting
a riot and not ~~profession~~

There was a young man who
 went through his (mental) attack
 and said he would be a
 witness to this. His name
 was David Manning. His
 Court # is ~~the~~ ^{Cook} Bank ~~Court~~ was # 52
 while was # 1/2 hour we as
 Homosexual & Transsexuals come
 in these facilities alone we
 didn't come in ~~alone~~ if we
 don't have the respect and
 the support from these facilities
 then we are left with
 nothing where do I tell
 what I have no-one nor any
 where to turn now I have
 been placed in Protected Custody
 after of c/o's conduct y/o's
 Boarder's response was he gave
 the system to long nothing can
 happen to him.

All this took place on the Bridge
 of Cook County Court House
 end of 11-7 shift ⁵ going into 7am-3

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I'm Fighting for His Job and to
be paid for a sentinel spent from
Cook County and s/o Board/ment

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this April day of 17, 2009

John D. Kissell

(Signature of plaintiff or plaintiffs)

John D. Kissell

(Print name)

20096615666

(I.D. Number)

QD. Box 089002

c) Hickeys II, 60608

(Address)

IV

On 3/10/09, I waited to see judge for a bond. I was placed in a holding cell with other individuals who were also awaiting bond hearings. During my wait to see bond judge some detainee said some very discriminatory remarks because I am an open transsexual. Being an open transsexual is a challenged lifestyle as is. While being verbally assaulted by the detainee, Correctional Officer Boanheart (sp) was also saying hateful, discriminatory, inflammatory things regarding my sexual preference. It wasn't just a comment here and there. It was an ongoing tirade against me. I did not provoke or give any reason what-so-ever for the officer to attack me in such a way. He was clearly "gay bashing" which is of course a hate crime. The officer intentionally knowingly endangered my personal safety by not behaving in a professional manner which invited a riot in the holding cell. I do have a witness by the name of David Manning who was in the holding cell with me. In brief, he witnessed the entire incident. I am afraid of ~~the~~ myself the correctional officers mis-conduct and have placed him in protective custody. Correctional Officer Boanheart (sp) even indicated that he has been working here too long and that nothing can happen to him if I were to pursue this.

V

I would like not only disciplinary action taken

some very discriminatory remarks because I am a open transsexual. Being an open transsexual is a challenged lifestyle as is. While being verbally assaulted by the detainee, Correctional Officer Boanheart (sp) was also saying hateful, discriminatory, inflammatory things regarding my sexual preference. It wasn't just a comment here & there. It was an ongoing tirade against me. I did not provoke or give any reason what-so-ever for the officer to attack me in such a way. He was clearly "gay bashing" which is of course a hate crime. The officer intentionally & knowingly endangered my personal safety by not behaving in a professional manner which incited a riot in the holding cell. I do have a witness by the name of David Manning who was in the holding cell with me. In brief, he witnessed the entire incident. I am afraid of ~~the~~ ^{myself} the correctional officers mis-conduct & have placed in protective custody. Correctional Officer Boanheart (sp) even indicated that he has been working here too long & that nothing can happen to him if I were to pursue this.

I would like not only disciplinary action taken against Officer Boanheart to the fullest extent of breaking such rules & what official misconduct would carry, I'd also would like to be compensated for mental & emotional pain & suffering & distress, caused by his behavior, by the Cook County Board, The Sheriff's Office, the Director of the Jail.

Part-A / Control #: 2019X 0001

Referred To: Sup. Disc. Board

Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: RODRIGUEZ First Name: ROBERT

ID #: SN 500000000000000000 Div.: 16 Living Unit: 100 Date: 1/17/09

BRIEF SUMMARY OF THE COMPLAINT:

Detainee was denied a meal

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Robert Rodriguez

C.R.W.'S SIGNATURE: ✓ B. Rodriguez

DATE C.R.W. RECEIVED: 4/24/09

*Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.*

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

Part-A / Control #: 100 X C

Processed as a request.

**COOK COUNTY DEPARTMENT OF CORRECTIONS
DETAINEE GRIEVANCE**

First Name: _____

ID #: _____ Div.: _____ Living Unit: _____ Date: ____ / ____ / ____

BRIEF SUMMARY OF THE COMPLAINT:

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: _____

C.R.W.'S SIGNATURE: *[Signature]* DATE C.R.W. RECEIVED: *[Signature]*

DATE C.R.W. RECEIVED: 6-14-1995

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

(WHITE COPY - PROG. SER.V.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT OFFICE)